

N. B.—Every item of information should be carefully supplied. Age should be stated exactly. If irregular should state
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

001 28 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

Order 130351
 293
 Registered No. 668

1. PLACE OF DEATH

County Pettis Registration District No. 665
 Township St. Louis Primary Registration District No. 5887
 City St. Louis (No. P.R. #1 Hughesville) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Annie B Stephens St. _____ Ward _____
 (Usual place of abode) Route #1 Hughesville (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo W. Stephens</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 1 1885</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>7</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pettis County Mo.</u>		
FATHER	13. NAME <u>William Martin Carter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Murphy Ellis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pettis County Mo.</u>	
17. INFORMANT (ADDRESS) <u>George W. Stephens Hughesville P.R. #1</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Ellis Gen</u> DATE <u>9/19/35</u>		
19. UNDERTAKER (ADDRESS) <u>McLaughlin Bros</u>		
20. FILED <u>Sept 18 1935</u> <u>Jean Slack</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17 1935

22. I HEREBY CERTIFY, that I attended deceased from June 25 1935 to Sept 16 1935.
 I first saw her alive on Aug 31 1935. Death is said to have occurred on the date stated above, at 8:30 am.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Cervix of 8
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) A. J. Campbell, M. D.
 (Address) St. Louis, Mo.

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